

# THE MEDICAL AND SURGICAL REPORTER.

No. 800.]

PHILADELPHIA, JUNE 29, 1872. [Vol. XXVI.—No. 26.

## ORIGINAL DEPARTMENT.

### LECTURE.

#### "ANEURISMA AORTÆ."

[The following is a brief sketch of this subject from a collection of lectures published at Erlangen, November, 1871, by the late Prof. OPPOLZER, Professor of Medicine at the University of Vienna, and translated by Dr. J. N. BLATNER, of Berlin, for Prof. VANDEVERE, of the Albany Medical College.]

Reported by T. D. CROTHERS, M. D.

(Concluded from No. 799.)

#### DIAGNOSIS.

In diagnosis of aneurisms of the aorta in general, the first important thing to determine is the presence of a tumor which distinctly pulsates, is isochronous with the pulse, and which rises and sinks in pulsating, and expands in all directions. The latter is very important, for the differential diagnosis between a tumor or aneurism lying near an artery can thus be confirmed. If a tumor has its seat above an artery it receives the impulse from the artery, *i. e.*, the tumor alternately rises and sinks, and many such tumors have been taken for aneurisms. The circumstance that the width of the tumor does not increase would aid us in not mistaking it.

Similar symptoms of rising and falling are seen where portions of the lungs are infiltrated, or when an encapsuled pleuritic effusion lies upon the aorta. In the same way we would distinguish such pulsations from those caused by aneurisms coming from the aorta, or of the subclavian artery. Another symptom is to be noted, *i. e.*, that the pulsation as regards our senses is isochronous with the systole of the heart.

This symptom is of the utmost importance where we wish to establish a differential diagnosis between an aneurism and a tumor, which, like an aneurism, expands in all directions, and might, therefore, be taken for an aneurism, but are merely large neoplasms supplied with many and large blood vessels, and therefore pulsate.

A mistaken diagnosis may be easily made if the tumor occupies a position where aneurisms are frequently found. In such cases it is important to note whether the pulsation of the tumor is isochronous with the systole of the heart, or whether it takes place later. If the tumor is aneurismal, the pulsation is isochronous with the systole of the heart, but if the tumor is no aneurism, but a vascular neoplasm, then the pulsation of the same will show a retardation, since the blood, after more or less indirect course, reaches the neoplasms. The circumstance that upon auscultation we hear a bellows murmur can be of no great diagnostic importance, since this is caused by compression of the aorta lying below, or by a non-aneurismal mediastinal tumor, and is not heard very often in aneurismal tumors.

Difficult, and often impossible, is the diagnosis of an aneurism of the aorta in those cases in which it has either a hidden position, or because it has not yet attained any great size. In some cases of thoracic aneurism there is sometimes a circumscribed portion of the thorax which shows dullness on percussion. This may be wanting on one side, when the aneurism does not lie closely on the thorax, or dullness may be produced by a mediastinal tumor, or by the properties of the sternum. Another fact:

when the dullness is found next to the sternum, and cannot be separated from the dull sound which the heart gives on percussion, it can give no certainty of the presence of an aneurism. If such physical signs are found with aneurisms, they are also seen with any mediastinal tumor. As to retardation of the pulse in comparison with the systole of the heart, the same has only a relative worth in the diagnosis of an aneurism of the aorta.

It is generally correct that in most cases of aneurisms of the aorta the pulse in the radial and crural arteries shows a greater or lesser retardation in comparison with the pulsation of the heart, but these symptoms may be wanting. Finally, the retardation of the pulse is also a symptom of the atheromatous process. It would, therefore, be first necessary to exclude the presence of the so-called deposition of fibrinous process before we could characterize the retardation of the pulse as a symptom of aneurism of the aorta. But this, as a rule, is seldom possible, for, as we have seen, the atheromatous process gives the most important etiological phase of the aneurism. This condition is developed more or less in every case. An equally critical diagnosis is demanded where there is a noticeable difference in the pulsation of both radial arterial pulses. This is noticed in aneurisms, and also may be caused by the atheromatous process having attacked only one extremity, while the other has remained normal.

Dissimilarity of pulses in both radial arteries can only be of diagnostic value when the atheromatous process of the vascular system is not present. The diagnostic value of symptoms of pressure is regarded as only secondary, since a mediastinal tumor can offer the same symptoms by pressure on the neighboring organs, and this symptom may be wanting, because the aneurism is small or the position of the patient does not bring it on. Therefore we can have but one characteristic symptom of aneurism which can be relied upon, namely, *a tumor which pulsates isochronous with the systole of the heart, and which shows during pulsation an enlargement in all directions.* From this it will be seen that a small thoracic or abdominal tumor gives no positive symptoms that will enable us to diagnose it. If we should find, in a special case, an aneurism of the aorta present, then we should find which portion is affected, and the difference

of time in the pulses, compared with each other, with the anatomical position, etc.

#### SPECIAL DIAGNOSIS OF ANEURISM OF THE AORTA.

The diagnosis of this affection is supported by the following symptoms:—A pulsating tumor on the right side of the sternum, about the height of the third or second sterno-costal cartilage, pulsation of the tumor towards the left side, retardation of all arterial pulses in comparison with the systole of the heart. It is to be observed, however, that although in most cases the pulsating tumor is situated on the right side of the sternum, because the aneurisms generally have their seat on the convexity of the aorta, still, it exceptionally happens that an aneurism originates on the concave side of the aorta, and then the pulsating tumor would be found on the left border of the sternum. Whether the tumor is situated within or without the pericardium, is determined by the height of the position. If the tumor is found in the third or second intercostal cartilages, we know the aneurism thereby to be extra-pericardial; but should the tumor be found below the third rib we have the proof of an intra-pericardial aneurism. Very often, in cases of the latter, pericarditis is found in consequence of the pressure and tension which the pericardium receives on the part of the aneurism; and if the aneurism has attained any considerable size it produces compression of the right auricle, vena cava ascendens, or the pulmonary arteries, etc. Symptoms of pressure are also found very often in extra-pericardial aneurisms of the aorta ascendens, upon the right lung, the vena azygos, the vena cava ascendens, and the right bronchi; and since this can create suspicion of the presence of an aneurism, it must be carefully noted as of diagnostic worth.

#### ANEURISM OF THE ARCUS AORTÆ.

Aneurisms of the arcus aortæ have their seat on the convex portion, and less often on the concave side. Generally they spread towards the right more than the left side. As such aneurisms are in hidden positions, they are only perceived as a tumor when they occupy the convex portion, and have attained considerable size. Then we have a projection of the manubrium sterni, the sternal ends of the first ribs, or a pulsating tumor in that vicinity. Aneurisms arising from the concave portion of the arch

of the aorta, even if they are large, do not show themselves as a tumor, while, again, symptoms of pressure on the trachea, the large bronchi, the nerve laryngeus recurrens, are plainly present. The symptoms, except when there is a pulsating tumor in the fossa prepulans, offer no certain diagnosis, since an aneurism of the subclavian could give rise to the same or similar symptoms. The most weighty symptom sought after is the character of the pulse. In aneurisms of the *arcus aortæ* all the arteries, with the exception of the *carotis subclavia dextra*, all branches arising from these, show a retardation of the pulse, in comparison with the pulsation of the heart. Yet these symptoms may also be wanting; then the diagnosis becomes difficult, and almost impossible.

In aneurisms of the arch of the aorta the mouths of the arterial branches from the aorta become narrowed, and sometimes closed; and therefore often, in such cases, we find a difference in the radial and carotid pulses. Another important symptom is compression of one or the other of the adjacent veins, and, as a consequence, repletion of the veins of the neck and arm, and edema of the side in question.

#### ANEURISMA AORTÆ DESCENDENS.

This kind of aneurism is diagnosed by the following symptoms:—A pulsating tumor in the anterior wall of the thorax, in a position left from the sternum, providing the aneurism originates from the anterior wall of the descending aorta. If it descends from the posterior wall of the descending aorta the tumor is in the posterior wall of the thorax, in a position left from the spinal column. In aneurism from the posterior wall of the descending aorta, inflammation and caries of the spinal column are present at the same time, whereby soreness and pain on the least motion of the spine is produced. The author considers this an important diagnostic symptom, especially when no tumor can be seen without that might be aneurism. But the presence of pain alone is not sufficient to determine an aneurism; it only calls attention to this as a probable symptom of value in connection with others.

The character of the pulse is of great importance, and should be carefully considered. If it can be shown that the crural pulses are retarded, in comparison with the

radial pulses, it speaks for an aneurism of the descending aorta, with the exception of the possible presence of an atheromatous disease. If this symptom is wanting, and the pulsation of the tumor not plain, then the diagnosis is difficult, and almost impossible. Care must be taken not to mistake a so-called congestive abscess arising from the spinal column for an aneurism of the descending aorta. If such an abscess is found on the right side of the spine it cannot be an aneurism; but if on the left side of the spine, then the pulsation of the aorta may be communicated to it, and a mistake made in the diagnosis. If it is atheromatous, and, in consequence, a retardation of the crural pulses is present, a mistake is much more likely. Sometimes pressure of the *vena azygos* causes a collateral circulation in the veins of the anterior wall of the thorax; some cases have been observed. The presence of such a collateral circulation must be noticed, to discover if an aneurism is present.

#### ANEURISMA AORTÆ ABDOMINALIS.

The great care necessary to diagnose aneurisms of the thoracic cavity should be still farther increased in determining abdominal aneurisms. These aneurisms are infrequent, and the pathological changes of organs in this neighborhood closely simulate in symptoms those of aneurism. Abdominal aneurism of the aorta is situated frequently where the *coeliac* artery is given off, and often hidden. If visible, it is found above the umbilicus, on the median line, or to the left of it, seldom to the right (similar to thoracic aneurism), and does not give a double tone, but only shows a pulsation with the systole of the heart, or a murmur; the latter is often the case.

The diagnosis of abdominal aorta is founded upon two symptoms. First, the proof of a tumor at the specified place, which pulsates and with every pulsation expands in every direction, closely adheres to the spinal column, and, therefore, does not change its position with each respiration. Second, the proof of a retardation of the pulse of the crural artery in comparison with the pulsation of the heart, or the pulsation of both radial arteries. When these points are not clear, the diagnosis is very difficult. Tumors of the stomach, pancreas, liver, gall cyst, mesentery glands, etc., or an encysted peritoneal condition, may all be



mistaken for an aneurism, since they lie upon the abdominal aorta. Many of these tumors can be excluded, from their form and consistency, and their multiplicity, or if they are interperitoneal, and have no adhesions to the abdominal walls, and the fact of rising during expiration, and falling during inspiration. If a diagnosis cannot be made this way, it should be noticed whether the pulsation of the abdominal tumor is simply rising, or falling, or expanding laterally.

Frequently it is difficult to decide whether we have lateral expansion or not. If it can be shown that the crural pulse is retarded in comparison with the systole of the heart, this indicates an abdominal aneurism. We cannot always establish a diagnosis in this way, for the crural pulse is often so weak that no positive opinion can be given under such difficult circumstances. A safe diagnosis may be made out in the following manner:—

To observe carefully whether the volume shows an increase in all directions with the pulsations of the specified tumor, or whether at one point or other a retraction of the abdomen takes place. If an aneurism of the abdominal aorta is present, we should notice, if it is not too small, an enlargement in all its diameters in the abdomen. If the tumor is not an aneurism, the abdomen is drawn in during pulsation. If we have a large cyst lying on the abdominal aorta, then every pulsation will be communicated to it, and with every pulsation will follow an enlargement of the anterior and lateral regions, while posteriorly the soft parts in both sides of the lumbar-portion of the spine will be drawn isochronous with the arching of the anterior and lateral portions of the abdomen. In this way it is frequently possible to diagnose an abdominal aneurism correctly.

Sometimes small and spindle-shaped aneurisms cannot be so easily diagnosticated, because of their size, and because no retardation of the crural pulse takes place. Often there is violent pain in the back, and in the region of the sacrum, or in the course of the ischiatic nerve, or symptoms of dyspepsia, very painful, so-called nervous colics, or a feeling of numbness and cold, with or without paralysis of one of the lower extremities, which symptoms frequently arise from an aneurism, and will often give the physician a clue, that he may be guarded in diagnosing these symptoms in special cases. In

this way he may be able to distinguish an aneurism which would otherwise pass unheeded.

#### PROGNOSIS.

The prognosis of aneurism of the aorta is unfavorable, since a cure is hardly ever effected, and still more when the sack is a large one, and the attendant disorders great (attacks of suffocation, violent neuralgia, etc.), and the more marasmic the individual has already become.

#### THERAPEUTICS.

It is evident that an aneurism of the aorta cannot be cured in an operative way. Much less is the new method of galvanopuncture to be recommended for a cure of the aneurism, for it cannot be known whether the depositing of fibrin, which is thus effected, will not merely reach beyond the aneurismal sack, but continue into the heart, whereby the life of the patient is dangerously threatened. Much less is the treatment of Valsalva and Alvertine to be desired, which consists in strict retrenchment of diet, and the resort to repeated venesections at short intervals. It is said that some cases have been cured by this treatment, but much harm has been caused by it, without doubt, quite enough to condemn it altogether. By this method there is loss of strength, and the hydrops is increased, and the danger of rupture of the sack is not diminished, but increased, by the anemic condition, as it increases the action of the heart. In later times the internal use of astringents in doses of several grains daily has been warmly recommended as a radical cure of aneurisms. But neither can this method celebrate any triumphs.

We see, therefore, that according to the present state of science, a radical cure of aneurism of the aorta cannot be effected, wherefore the treatment of such affections must be confined to endeavors to hinder the continual growth of the sack, to remove or at least eliminate the different threatening symptoms and sufferings of the patient, to delay the exitus-lethalis as long as possible. To attain this result it is necessary to avoid whatever might cause an increased action in the vascular system, and, on the other hand, through the proper supporting diet, uphold the strength of the patient, in order to avoid the settling in of marasmus and dropsy. It is to be recommended to such patients to preserve the greatest corporeal

and psychical rest, and to eat supporting, easily digestible food, but not of an exciting kind, such as meats, especially white meats, such as chicken, veal, and fish, and easily digestible pastry, vegetables and eggs. For a drink the most fitting is either water, thin juices of fruits, and milk of almonds; while the use of spirituous liquors and warm drinks, as coffee, tea, etc., is to be avoided. Such patients as are accustomed to spirituous liquors, and cannot well leave off their use, may be allowed small quantities, since the use of small amounts of spirituous liquors can hardly produce an excited condition of the valvular system. Confined bowels must be combatted, since through them circulation is hindered, and thereby cause for an enlargement of the aneurism is given. If an external tumor is present it must be protected from pressure. The pain present is best treated by cold applications, aqua plumbi, or narcotic ointments; in increased action of the heart and stronger pulsation of the aneurismal sack, digitalis may also be used with good effect in the same way over the heart.

The treatment will vary according to the different causes which call forth the dyspnoea. If from a stasis in the smaller circulation, besides the narcotics we should resort to digitalis, but if from increased action of the bowels, vesications, and in very alarming cases, *but only in such*, bleeding from 8 to 10 $\frac{1}{2}$  is in place. If it is a catarrh which produces the dyspnoea, then the usual treatment of such cases should follow. In aneurism of the aorta it is mostly compression of the lung, trachea or the nervus vagus, and the nervus laryngeus recurrens which causes dyspnoea; here the different narcotics and quinine are indicated; these remedies do not always remove the dyspnoea. Often during their use the dyspnoea reaches such a degree that the patient is in momentary danger of death by suffocation.

In the present time it has been recommended, and especially by Gairdner, to perform tracheotomy under such circumstances, in order to save the life of the patient even for a short time. We can easily see that this operation cannot result favorably in all cases of compression causing dyspnoea, but only in those in which the cause lies in the larynx (cramp or paralysis of the vocal cord). It would be useless in such cases in which compression of the lungs, trachea or bronchi is the cause. Only in

cases of the first kind can tracheotomy be performed.

As to the differential diagnosis, it is perfectly evident from what we have said in a former paragraph, tracheotomy, or perhaps laryngotomy would be indicated when there is oedema glottidis present. The latter is often found with aneurisms, and is caused by the obstructions offered to the passage of venous blood. The neuralgias commonly arising from pressure upon the nerves are to be treated by the application of ice, the different narcotics externally and internally, and especially subcutaneous injections are to be recommended; to attain this result large doses of  $\frac{1}{4}$  to 1gr. of the acetate of morphia must be given. Unfortunately such large doses do not even then bring relief, and resort must be had to local bleeding of from four to six leeches, whereby it often happens that the patient is happily eased from his terrible pain.

When trouble in swallowing is caused by compression of the oesophagus, the patient should change his position until he finds one which does not so much hinder swallowing.

If dropsy is present the usual treatment pursued in disease of the heart is in place, and also diuretics. Against external and internal hemorrhage the remedies are as follows: Corporeal and psychical rest, cold, the astringents (ferrum sesqui-chloratum, ergotine, alumen). If fatal hemorrhage is threatened the usual treatment is to be resorted to. In external hemorrhage, besides the application of lint saturated with perchloride of iron and ice applications, a tightly pressing bandage is to be applied.

## COMMUNICATIONS.

### PNEUMONIA AND ITS TREATMENT.

BY E. L. DRAKE, M. D.,  
Of Whitesboro, Texas.

During the last winter, 1871-72, a widespread epidemic of pneumonia and pleurisy prevailed in most of the Southern States, with a large percentage of fatal results, according to newspaper reports. It began in this locality, twenty miles west of Sherman, Grayson county, about the middle of November, and was at its height by the 10th of December. About the 5th of December a cold north wind with sleet and snow prevailed for several days. The summer and fall had been hot, dry and debilitating, but

not accompanied with the usual amount of malarial fevers. This locality invites attacks of pneumonia, pleurisy, and bronchitis. It is on the eastern border of the Lower Cross Timbers; six or seven creeks, head waters of one fork of the Trinity, unite three miles south, with plenty of fall for efficient drainage, if they were clear of logs and drifts; the prairie is undulating, but there are numerous ponds, frequently on the highest elevations, which hold water till July in a dry season; the soil is a coarse sand with sandy clay foundation, made rich with the droppings of the buffalo and other herds for ages; the water of newly dug wells is soft, but soon becomes hard; some of it becomes unfit for drinking after standing an hour or two. Malarial fevers prevail, from April until November, more or less, as the season is wet or dry. The wind is from the south most of the year, from the east preceding a rain, and from the north frequently from November to April. I will remark in passing that phthisis is rare, according to my observation, which, however, is confined to a year's residence here.

The houses of the inhabitants are generally small and uncomfortable, some with cracks a good sized dog could be kicked through. The range of diet in the winter is limited, with a majority, to yellow corn bread, pork, and strong coffee without sugar, and, as a consequence, scorbutic diathesis is not uncommon; the system tires of this diet, and calls loudly for change, for elements of nutrition in other forms; the appetite becomes voracious, which corn bread does not satisfy, as nature refuses to assimilate it; it sours and causes gaseous distension of the bowels and torpor and atony of their muscular coats.

I mention all these things because they materially influence the type of the prevailing disease, and still more materially influence its treatment. I observe here a tendency of disease to run quickly into the characteristics of the typhoid type, viz., frequent feeble pulse, dry, brown tongue, delirium, and tympanites, requiring anything but a debilitating treatment.

I have had sixty cases of pneumonia and pleurisy to treat since the middle of last November, seventeen of which were on hand at one time, and thirteen of these were within a circle of four hundred yards diameter, in a low, damp locality. Being prejudiced against the mercurial and tartar

emetic treatment, on account of the unfavorable reports of their use in the practice of other physicians, I resorted to quinine in large doses, from twenty to forty grains, in the remission, combined with morphia, which latter was often necessary, in large quantities, to quiet the pain of an inflamed pleura; in some cases the hardest pain to subdue was that occasioned by the pressure upward of an enlarged spleen and gaseous distension of the bowels, encroaching upon the inflamed lung; an enlarged spleen was a serious complication on this account, while it added to the embarrassment of the respiration. I used *ver. viride* in some cases in the early stages; some would not bear it from the outset. Blisters, and expectorants of squills and *Ipecachuana* formed part of the treatment in nearly all of the cases, as also carb. ammonia when there was much debility. I resorted to an emetic of sulph. zinc with great advantage when the bronchial tubes seemed to be clogged up with mucous and pus.

There were seven deaths among my patients. No. 1, Miss S. H., *æt.* 18, died of a second attack occurring in the course of three months; the extreme range of temperature in her case was 107.5°. Her family requested me not to use quinine, on account of the cerebral disturbance it occasioned. I afterward prescribed it for two nights in succession, and it was not given. On the third night I remained with her, and gave it myself, but she died the following day. Case No. 2, boy, *æt.* 3, had, in the third week, ulceration of the throat, probably extending through the alimentary canal, to which he succumbed; quinine was used freely with him, and perhaps too much so, as he had a diarrhoea at the outset. Case 3, male, *æt.* 68, in feeble health, with dropsical ankles; had pleuritis on the right side; lower lobe of left lung hepatized; dullness on right side, extending to within two inches of the clavicle, and was diagnosed to be caused by serous effusion; quinia was used in his case; died on the sixth day of seizure. Case 4, female, *æt.* 25, had an abortion of four months' *fœtus*; diagnosis, pleuritis of left lung; died on the fourth day in convulsion, seemingly caused by the intense agony she suffered, which morphia, chloral, and blisters hardly mitigated. I reproached myself, when it was too late, for not bleeding her. Case 5, W., *æt.* 45, had been sick five days before he had any atten-



tion; died next day, after I saw him first; he was considerably narcotized by morphia, given too freely by mistake, and both lungs seemed to be overwhelmed by sudden congestion. He took twenty grains of quinine before he died. Case 6, J. K., æt. 18, had three attacks of pneumonia before his last seizure; had malarial cachexia, with an enlarged spleen, the margins of which could hardly be distinguished on the right side of the abdomen. Quinine was used freely with him, but he died on the twelfth day of attack. Case 7, J. J. M., æt. 28, had pleuritis of left lung, and congestion of the spleen and stomach; malarial cachexia well marked; was despondent on account of the death of his wife; said he would die, and he did, on the fourth day of sickness.

In three of the sixty cases treated mercury was used in "alterative" doses, and in these convalescence was slowest to be established, and typhoid symptoms were most prominent. I am of the opinion that mercury freely used *invites* a typhoid train of symptoms, not judging, however, from these three cases, but I know this fact, that a great many cases having these characteristics occur in the practice of physicians here who rely on calomel and tartar emetic in pneumonia. In three-fourths of my cases convalescence was fairly established by the ninth day, often much earlier, if quinine was given in the congestive stage.

For the last two months I have used with a good deal of satisfaction, in the exacerbation of fevers, the following formula:

R. Acid. nitric                    ℥xxvi-xxxij.  
Aque                                ℥viiij.                    M.

S. Tablespoonful every hour until the remission comes on.

It frequently excites diaphoresis in a short time. Since I began its use my patients convalesce sooner, have less disorder of the secretions; no brown, dry tongue, and no tympanites; it seems to have a tonic influence on the alimentary mucous membrane, restraining the extrication of gas, and an antiseptic effect on the intestinal contents, freeing the patient from this source of irritation, which is so productive of reflex cerebral disturbance, as delirium, subsultus tendinum, etc. I would suggest its use in typhoid and typhus fevers with confidence of good results. It is refrigerant, antiseptic, tonic, antispasmodic, and eliminative. Now all of the conditions calling for these thera-

peutic effects may depend on one cause; this cause produces effects which in turn become causes, as obstruction can dam the stream up to its many sources. An element unlocking the obstruction, every stream and streamlet

"Along the cool, sequestered vale of life  
Pursue the even tenor of their way."

But it is particularly in the diseases of hot climates that this medicine is valuable. Here metamorphosis is most actively at work. If excretion is interfered with, detritus of the tissues accumulate in the blood, obstruction *begins* at some point in the liver, bowels, spleen, kidneys, lungs, or brain, and increases with each round of the blood current, until the whole system responds to the irritation unless some healthy organ is able to perform a vicarious part, and provide an outlet. Nature is benignant as well as malignant to man; while she surrounds him with death-dealing agencies rising from every marsh and fen, she stores in the acid and sub-acid of fruits and vegetables the antidote, when wisely used. We know nothing of the nature of this mysterious agency, the malarial poison; we soon learn its habitats, and feel its influence.

Dr. Weatherly, of Alabama, if I am not mistaken, thinks the first impression is made on the peripheral extremities of the sympathetic system, causing, first, paralysis, then, congestion, and then we have the phenomena that make up a case of malarial fever. Another writer thinks that paralysis is due to the pricking of nerve filaments of the sympathetic by sharp-pointed crystals in the blood current. Dr. Q. C. Smith, in an article in the *Nashville Journal of Medicine and Surgery*, describes well the phenomena that follow congestion. Mobility is the life of the blood, he says. Blood at rest in the system soon loses its physical properties, and takes on chemical change, rendering it unfit for the economy. Then there is abundant opportunity for the work of chemical decomposition in every case of malarial fever, even if its manifestations are so light that the patient is hardly conscious of anything being wrong with him.

So, then, we cannot go back of congestion with any certainty of finding the immediate cause. If we can use remedies in time to remove the obstruction, the blood takes up its wonted channels, to the relief of the other

organs, and normal cell-action is renewed. Nature puts us on the track to rational remedies, in the way mentioned above; besides, the almost universal craving for acids and liquids, even when the sense of taste is perverted in other respects, points out unmistakably the way to health, and should not be lost sight of. Things of this nature—*solvents*—taken into the stomach, perform their office at the very point where they can be most effective, viz., at the distal end of the obstruction; this is the only way in which I can conceive of a medicine acting as a refrigerant, unless there is a marked difference between the temperature of the ingesta and the parts acted on; heat is a necessary consequence of congestion: take away congestion and the heat subsides at the same time.

This is the theory on which I base the nitric acid treatment in fevers; this acid is as much a hobby with me as ice with Dr. Corson. It was recommended many years ago in the treatment of malignant remittents of the East Indies, and by American physicians on several occasions; it is the basis of nitrate of potash and spiritus eth. nitrosi, remedies of undoubted value in fevers; let it make up its affinities in the system, and we get its *specific* action; its primary action, I believe, is to dissolve whatever is soluble in a dilute acid, and if it finds obstruction, its influence is exerted at this spot, the cause is removed, and *cell action*, the *sine qua non* of life, resumes its sway.

There is an *incompatibility* between nitric acid and mercury, quickly manifesting itself on the patient's gums, so I keep the peace between them. The latter is probably *shelved* with me for some time to come, except in chronic diseases, where its true place is found; it will certainly reduce the energy of the system, and if effect was suspended with its administration all would be well, but this is not the case; it remains to vex doctor and patient, producing a nervous irritability in many cases, and retarding recovery; the mercurialism has to be treated, and not *always* with success. In conclusion, I beg leave to suggest to Southern physicians a trial of the nitric acid treatment in yellow, hematuric, inter and remittent fevers. The objections to its use may be stated: inconvenience of dispensing to the country practitioner, and liability to cause glossitis, if not sufficiently diluted.

May 14, 1872.

## MEDICAL SOCIETIES.

Medical Board of the Eastern Dispensary of New York.

At the stated meeting held in April, 1872, the President, Dr. R. J. O'SULLIVAN, called the attention of the Board to the fact that some time ago Dr. Mulreany had read a valuable paper on the

### SUMMER COMPLAINT OF INFANTS,

and as the season was now fast approaching when these and kindred diseases were likely to become prevalent, he thought it appropriate to invite discussion on the subject, in order to arrive at the best methods of treatment, etc., based on the experience of the members, and called on Dr. Garrish to open the discussion.

Dr. Garrish said:—We are now, at the vestibule of the season of these complaints. Let there come an increase in the temperature, and the first case to which we are called will be one of intestinal disease. The main thing to do is to recognize the true condition of the child, and to apply the proper remedies. There will be more or less febrile action, passing into a low temperature of the extremities, with increased heat of head. In the treatment of all disease we must take into account every condition of the system, which often varies greatly in the same disease. Some patients will require warm applications, others cold. If there is increased heat of the head we must apply cold. He always directs the nurse to be careful to observe the condition of the head. He never applies ice to the head, as is often done, by laying a large lump of it against a particular spot, but always carefully pounds it into small fragments, which he incloses in a bladder, which can then be fitted equally to all parts of the head. He is also particularly careful not to retain it too long. By the former method of applying it, one part of the head is frozen, while all the rest remains as hot as before; but the ice cap renders the application of cold equal to all parts of the head.

The ice should always be removed as soon as the temperature has been reduced. The extremities should be carefully watched, and kept warm. Keep socks on the child's feet all through the warm weather. We know how impossible it is to get to sleep until the feet are warm. Most of the cases of dysentery in children occur from getting the feet wet, or leaving off part of the clothing. One reason why so many children are lost is because it is so difficult to get good milk. The Health Board should pay more attention to this important sanitary measure. It is a necessity and a right that we should demand that we be supplied with pure, fresh milk. Give us this, and infant mortality will be greatly lessened. He does not approve of giving arrowroot. It contains very little nourishment, hardly anything except starch. Neither should very young children be allowed to come to the table; they are almost



sure to get articles which are hurtful. Nature never intended any food for infants but only good, pure, fresh milk. The latter only can make good blood, and bone, and muscle.

There is another thing we are also very apt to overlook in treating infants, and that is the condition of the nursing mother. We prescribe catechu, and chalk mixture, and other medicines, for the child, but never think of giving anything to the mother. Let her have good food also, good milk, vegetables, and other articles which will make good milk, with which to nourish the child.

In intestinal affections it is always best to keep the patient in bed. How often do we find them running about the floor? If we wish to be successful in our treatment of these complaints it is important that the child be kept as quiet as possible on its back. Children in health should be made to wear, during the summer months, a broad flannel bandage around the abdomen. The external clothing is not sufficient. This bandage may be worn outside the shirt, and in nine cases out of ten will prevent bowel complaints.

As to bromide of potassium in these cases, the doctor thinks it has been much overrated. It produces irritation of the bowels, and in these complaints can never meet with very great success. It is well enough to cry up a remedy through advertisements and the journals, but it will not do in practice.

Diarrhoea is simply a relaxation of the bowels, and is not contagious; but dysentery is an inflammation of the bowels, and is contagious. Cholera spreads through persons using the same chamber or stool; this has been proved over and over again. We have seen it produced in military camps from this cause. It has also been communicated through the atmosphere, which is well illustrated by the following cases:—

In the British army, in India, there came up one day, late in the afternoon, a black cloud, with heavy rain, which lasted some twenty minutes. Very soon afterward a hundred men were taken down with cholera, of whom forty died. Previous to this shower not a single case of cholera occurred. This shows also that it may be communicated through the atmosphere.

A United States ship left a port infected with cholera, and shortly after putting to sea one of the sailors had occasion to go to his chest for some heavier clothing. Soon after, cholera broke out on board, and upon an island two miles distant, whither it was doubtless carried from the ship.

In the treatment of cholera infantum, we should permit as little fluid to be drunk as possible, as it tends to keep up the vomiting. Mercury may be given in small doses; 1-10 of a grain of calomel rubbed up with a little sugar acts admirably. Champagne is also an excellent remedy. He had suggested it for the vomiting, and found that it allayed it very speedily. It is one of the best anti-

emetics which we possess. It is also very useful in sea-sickness. To recapitulate: Give the child good milk, and give it frequently. If the mother has not milk enough, give a little rice or some of the preparations of barley. 2d. A broad flannel bandage over the abdomen, reaching even to the axilla. 3d. If the child becomes anæmic and begins to waste away, give three to five grains of pepsine with a grain of bismuth every four hours; this helps digestion. These little powders have saved many a child's life, who would have died without them. 4th. Bathe the child occasionally with camphor water. Applications to the head should be made in the manner previously stated.

Dr. Griscom spoke briefly of the advantages of the application of electricity, both in his own person, and several patients to whom he had recommended its use.

Dr. Stephen Rogers remarked that it was statistical, and an important fact, that cholera infantum was not so prevalent in its peculiar season as was generally supposed. Not one in ten of intestinal disease in children is true cholera infantum. He had often given his views on this subject, not only to medical friends, but in papers which he had read before medical societies. True cholera in infants is very rare; when it does occur, it resembles Asiatic cholera in adults. It has no preceding diarrhoea, it is speedy in its course, passing into a state of collapse with vomiting, purging, etc. Much confusion exists in regard to the nomenclature of intestinal diseases, and we should endeavor to discriminate between cholera infantum and the various forms of diarrhoea attended with a state of collapse. The homœopathic treatment by warm applications is something which we should consider very seriously.

Much evil is often done by applying cold to the head in conditions of depression or lowered vitality, especially in infants. We are often deceived as to the actual heat of the head, though if any part is overheated it is sure to be the brain. Many cases of sunstroke are the result of too great temperature of the brain. When the temperature of the blood is as high as 104°, etc., if you can reduce the heat of the body you will save your patient. The British army in India learned this important lesson from the natives, and when they adopted the practice of the latter, the mortality from sunstroke became very much lessened. Such an elevation of temperature never occurs in cholera; on the contrary, there is always great depression. The elevated temperature and impure atmosphere have much to do with the production of intestinal diseases of infants and infant mortality. The temperature of New York is about ten degrees above that of Paris, and fifteen degrees above that of London; this is the average difference; that of our Southern cities is still higher. Yet New Orleans is a healthier city for infants than New York; there are two reasons for this: first, the bodies of the children are kept cooler, and the Southern style of houses

admits of the widest ventilation. Young children there wear little clothing, and their apartments are large and cool. Secondly, there is less extreme poverty and squalor than in the large cities of the North; the children are better fed, too. If the mother cannot nourish her child, or has not sufficient milk, it is transferred to the ample breast of a negress. The question of proper food for infants is an important one. He hoped that this Society and all other Medical Societies would continue to agitate this subject, until those who furnished this article were compelled to deliver it pure and fresh. It is the only food that Providence ever intended for the young.

Dr. F. V. White agreed with Dr. Rogers as to the necessity of a more accurate diagnosis between cholera infantum and diarrhoea, also as to the nomenclature of them. He had found the former very rare, the latter very frequent; the former is sudden in its attack; we find the child with blue lips, sunken eyes, moist, cold skin, pinched nose, shrunken integuments, and general appearance of collapse. In his treatment of this condition he had found benefit from small doses of calomel with sugar, discriminating, of course, in cases in which he administered it; to allay the vomiting he gives ice brandy; to a child of two years he gives a teaspoonful of a mixture composed of brandy, white sugar, and pounded ice; the latter sufficiently dilutes the brandy; this will allay the vomiting. For the diarrhoea, minute doses of morphia, with bismuth, paregoric and cinnamon water. The cerebral symptoms are generally sympathetic, and may be treated with small doses of opium. Make the surroundings also as favorable and comfortable as possible; if much thirst exists, ice, or rice or barley water may be given; the latter is best in cases of diarrhoea. In dysentery, a mixture of tinct. opii., ol. ricini, and aromatic water will be found very useful. To restore the digestive powers, afterwards he gives iron and quinine; for adults and old people, he has found pepsine and bismuth answer better.

Dr. Rogers thought that too much importance was attached to the second summer of childhood. People are apt to be too much alarmed; true cholera infantum is just as liable to occur during the first as the second summer, but diarrhoea is rather more frequent during the second. When the child has grown to an age when it gets other food, both the quality and quantity of the food should be carefully regulated. Diarrhoea is very apt to be first induced by improper food, as meats, vegetables, fruits, etc. Potatoes, unless properly cooked, often disagree with very young children; they are served up in a lumpy condition, and these lumps are very indigestible; therefore, during the summer it is well to observe greater care; the digestive apparatus of the child is just beginning to adapt itself to the food of adults, and a slight irregularity or carelessness may produce much mischief.

Diarrhoeal diseases may be often pre-

vented by giving a child cold water to drink instead of milk or other food. Simple cold water will be better borne and will not overtax the digestive organs, and if the child gets sick stop all other food and give nothing but pure cold water night and day. Our aim should be to prevent disease as well as to cure it.

Dr. Mulreany gave a hasty review of his paper, touching upon certain points here and there which he wished to emphasize. Diarrhoeal diseases, he thought, were on the increase in England, and none of the names in common use here were used there at all. "Plum pudding disease" was a name often applied, from the fruits and berries which are so largely eaten during their season. Most generally cramps attend the disease, though sometimes they are absent; it seems also to originate in certain localities. He had found most diseases here different from those of the same name in England, and differently treated. Pneumonia, phthisis, etc., seem to differ in many particulars. The doctor then recapitulated his treatment of the bowel complaints of infants, adding that warmth was very necessary to the young child; it should sleep with its mother at night, and be suitably clothed by day, with some covering for the head, a turban or cap of some sort; this is an excellent preventive of intestinal disease.

Dr. Rogers said that the bromide of potassium had proved nearly or quite useless in these complaints. A paper had been written on this subject, but the author seemed quite undecided as to its efficacy, and confessed that his subsequent experience with it had not been so favorable as his first. Most physicians who had observed closely and experimented extensively with it were agreed as to its being a failure. In cases where it is desired to reduce the temperature of the brain he thought that cold applied to the extremities was of greater benefit than when applied to the head; the greater the surface to which it is applied the better the result; it is of little moment what you apply to the head. The temperature is reduced much quicker by immersing the body or a large part of it into water.

Dr. Mulreany thought there was functional paralysis in cases of cholera; in looking for lesions in this disease we shall be disappointed if we expect to find organic changes; we may find enlarged liver or spleen in certain diseases, and argue that they are always connected with and the result of such disease, but we cannot feel certain that the cause may not have been some previous malaria. He had noticed that the post-mortem appearances in cholera were similar to those found in cattle who died of rinderpest. In the report of the Westphalia Board of Health, for 1886, he found the description of the post-mortem appearances of the cattle dead with cattle disease almost exactly like those of the cholera.

Dr. F. V. White disagreed with Dr.

Rogers in regard to the frequency of cholera infantum during the first summer. His experience while holding the chair of Children's Diseases in the Eastern Dispensary had been different. Nursing children are not, it is true, so liable to disease as older children. There is less disease of a diarrheal nature during the first than the second year. He would ask Dr. Rogers if he understood him to say that he allows a child sick with diarrhoea to drink only of water?

Dr. Rogers replied that he did, and he would repeat it emphatically; he would not force the child to take milk or other liquid food; he would give nothing but water, ice water even, and let him have it just as long as he would take it. So soon as food is wanted the child will make its wants known, but until then he would not refuse cold water, night or day.

Dr. White could not agree with this. Water at such times acted very much with children as with adults; it was rejected from the stomach almost as soon as taken. He thought if given at all it should be given in very small quantities, or better still, small bits of ice might be given and allowed to dissolve in the mouth. As to beef tea, he has found that if the digestive organs will bear it, it assists to restore the wasted

condition of the system. It may be given alone or combined with rice water. He thinks the second summer a very critical period. The nervous system is then more irritable, and dentition more active, either of which is sufficient, in the infant constitution, to seriously complicate any disease affecting the child at that time. He had found condensed milk an excellent substitute when cows' milk could not be obtained, but he did not know as it was any better than the ordinary milk supplied by the dealers. Sometimes it is inferior to the latter, and its peculiar taste renders it disagreeable to children. If its use is continued, the liking for it in such cases must be an acquired one, like that for tomatoes and other articles. Aside from this there is no objection to it, and very often it is an excellent substitute. We are too prone to exclaim against the milk of the dealers, since the stump-tail excitement, some twelve or fifteen years ago. We can get the best of milk if we are willing to pay a little more for it; but even pure milk is liable to deterioration, if brought from a distance on the railroads, so that as much might be said for as against the milk of the retail dealers. The ascertained results of one hundred infants fed on the latter are in favor of its general good quality.

## EDITORIAL DEPARTMENT.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON BOOKS.

—The *Medical Herald and Journal of Pharmacy*, heretofore published in Leavenworth, Kansas, has been discontinued.

—Dr. WILHELM ULRICH is seeing through the press an *Internationales Woerterbuch der Pflanzennamen*, in Latin, German, English and French. Those who desire, can subscribe to it through Mr. E. STEIGER, New York city.

—We have received:—

Eighth Annual Report of the Alumni Association of the Philadelphia College of Pharmacy, 1872.

Proceedings of the Medical Society of the District of Columbia, on the occasion of the death of ROBERT KING STONE, M. D., with the address of Dr. THOMAS MILLER.

Announcement, Charter and By-Laws of

the Woman's Hospital of the State of Illinois.

Report of the Board of Managers of the Pennsylvania Hospital, 1872. It will be remembered that this Hospital was the scene of some disturbances about "mixed clinics," a year or so ago. This report says:—

"The clinical teaching of the Hospital has been carried out, avoiding all mixed instructions, as directed by the Contributors at their last meeting. Under the advice of the Hospital Staff these lectures have been made free to all students of incorporated institutions recommended by the lecturers. Under these regulations there has been an attendance of 530 students, the number of male students being 520, and also a separate class of sixty female students.

"In carrying out your views, the Managers feel that they have to some extent prejudiced the favorable estimation of the Hospital in the minds of warm friends, which evil they hope will now be removed, and friendly aid, so long extended, not be withheld in the future."



## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 29, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports. Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

☞ Quite too many of our subscribers, many of them old, personal friends, are in arrears on their subscriptions, aggregating a large amount of money that we ought to have in order to a vigorous prosecution of our enterprise. These parties are requested to settle their accounts immediately, or at least communicate with us at once—for, instead of at present further enlarging our edition to accommodate new subscribers, we shall resort to the expedient of dropping the unprofitable ones, and putting their bills into the hands of a collector. \* \* \*

## THE USES OF MINERAL WATERS.

The advantages of "a course of mineral waters" have been very variously estimated by different authorities. The late Professor DUNGLISON used to express his doubts whether, *per se*, they do any good at all, and he was accustomed to attribute the improvement not seldom manifest in those who visit such health resorts to the journey, change of air and diet, rest, and the happy effects of faith in a favorite Spa.

Others, on the contrary, hold that no artificial combination of remedial agents can equal in benefit these compounds made by nature, and they say that the mere chemical elements included in mineral waters do not adequately represent the virtues of their natural combination. Such mystical philosophy as this is not likely to find ready acceptance in these days of positive science, and unless supported by evidence of an incontrovertible nature, claims of the kind will not advance the reputation of a spring. Yet there are examples in France and Germany where springs have a wide fame for the cure of certain diseases without any visible reason why in their waters.

It would be a most desirable study in this country for a physician of experience in such matters to make a tour to our most renowned mineral waters, and to ascertain more accurately than we can now learn, their real merits. Most of the published descriptions now extant are by proprietors, hotel keepers, or those in their interest, who are only concerned to brag as loudly as possible about the virtues of particular sources.

Certain it is that the prolonged use of any mineral water, in health or disease, is of doubtful efficacy, and is generally directly prejudicial.

Magnesia in large quantities is objectionable, as are also lime salts. They are liable to cause dyspepsia. It is said that horses acquire a rough coat if supplied with water containing a large quantity of sulphate of lime. Goitre and cretinism are attributed to these impurities in water; at least, the facts observed make this reference extremely probable. The goitre appeared in the Durham jail, afflicting a large proportion of the convicts. The spring water with which they were supplied was analyzed, and found to contain 77 grains of lime and magnesia salts per gallon. On substituting for this a water containing only 18 grains of these salts, it was found that the old cases rapidly improved, while no new cases made their

appearance. In the limestone districts of England, Switzerland, and central New York, this goitre has been traced over considerable areas. At Goruckpoor, in India, where the waters are quite calcareous, 10 per cent. of the adults are afflicted with goitre, and many of the children are cretins. Even the cats and dogs are said to be afflicted with cretinism, which is a kind of idiotic insanity. It is a curious fact that in Ireland, on the Waterford side of the Suir, where sandstones and slates prevail, goitre and cretinism are almost unknown, while on the Kilkenny side, where limestones abound, goitre is not uncommon.

Still, perfectly pure water is not the best for a common beverage. Every one knows that distilled water is flat and insipid. It is probably not even the healthiest. Dr. Letheby, one of the highest authorities on the sanitary relations of water, considers water of moderate hardness preferable to very soft water for domestic purposes. About six grains of carbonate of lime per gallon is desirable. He finds that the death rate is less in cities supplied with moderately hard water than in those supplied with soft water.

It is a familiar fact that it is a great advantage in making tea or coffee to use water of about five degrees of hardness, that is, containing about five grains of carbonate of lime or its equivalent in the gallon. A person of very nice taste can tell the difference in tea or coffee made with water in which the difference is not more than two or three grains of lime or magnesia to the gallon. It is on this account that certain wells have a great reputation as "tea wells." In olden times there were two or three such wells in New York, and a boy was kept by the corporation to pump for the benefit of the natives. The fine flavor of the tea made with such water is due to the fact that the five or six grains of carbonate of lime prevent the water from dissolving the astringent matter contained in the tea, without interfering

with the extraction of the theine and the other desirable constituents of the leaf.

Artesian wells, which throw forth as a rule water heavily charged with mineral elements, have been found to have a decidedly prejudicial effect on the health of their neighborhoods. Conspicuous examples of this have recently been adduced from the State of Mississippi and elsewhere.

## NOTES AND COMMENTS.

### Constituents of Casein.

It appears from some researches of LUBAVIN that when casein is digested with pepsin and dilute hydrochloric acid, a certain residue (dyspeptine) always remains. This consists of two bodies, which can be separated by means of sodium carbonate. One of them seems to be of an albuminous nature; the other can be partly dissolved by redigestion, but leaves a residue which is not albuminous. He considers that casein, like vitellin and hæmoglobin, is composed of an albuminous body, combined with a non-albuminous one. He thinks that, when albuminous bodies are decomposed by water, acids, ferments, or putrefaction, they take up water, and split up first into pepsines, and then into leucine and tyrosine.

### The Eucalyptus Globulus as a Disinfectant and Dressing.

Some highly important observations are contributed to the *Bulletin General de Therapeutique*, of May 15, by Dr. DEMARQUAY. In his researches to find a disinfectant, itself of pleasant odor, and free from the disagreeable stains of permanganate of potash, he tried, and with the most satisfactory success, a tincture of the *Eucalyptus globulus*. He reports nine cases, including gunshot wound, cancer, necrosis of bone, hospital gangrene, and child-bed injuries, in all of which the local application of the tincture not only destroyed promptly all fetid odor, but also improved the appetite and sleep of the patients, and rendered the atmosphere of the ward fragrant and healthful, instead of nauseating and foul, as it had previously been. Should further trials confirm these results, it will be a most gratifying discovery.

## NEWS AND MISCELLANY.

## Retirement.

Professor A. C. CROSBY, M. D., has retired from the Long Island College Hospital, and Dr. WM. WARREN GREENE has been appointed Professor of Surgery in his place.

## Departure.

Dr. J. M. DA COSTA, Professor of Practice in the Jefferson Medical College, sailed for Europe on the 26th, to be absent two months.

## A Handsome Legacy.

A residuary legacy by JOHN REDMAN, a Boston master builder, to the Massachusetts General Hospital, has turned out, on a final settlement of the estate, to amount to \$446,000.

## A Well-timed Compliment.

The Hon. JAMES C. CURTIS, of Cohecton, N. Y., celebrated his golden wedding—the fiftieth anniversary of his marriage—on June 19th. During the festivities he took occasion to say that he owed the possibility of such an unusual and fortunate event, under Providence, to his family physician, our old friend and contributor, Dr. W. L. APPLEY, who for thirty-five years had been his family physician. Certainly a just and well-timed compliment.

## Detroit Medical College.

The Detroit Medical College, whose advertisement appears in another column, and which has hitherto held its regular session in the Spring and Summer months, has changed its annual programme, and will hold its regular term of instruction hereafter in the Autumn and Winter. There are several hospitals connected with the college, and it has besides other advantages which will be appreciated by medical students.

## The Medical Schools of France.

M. JULES SIMON has intimated his intention of reorganizing the medical curriculum in the various schools of France. He proposes to maintain the faculties of medicine as they now exist, to extend that of Paris, and to create new faculties at Bordeaux, Lyons, Nantes, Lille, and Nancy.

## A New Medical Baronet.

It is announced in Dublin that Dr. WM. STOKES, Regius Professor of Physic in Trinity College, Dublin, and Physician to the Queen in Ireland, is about to receive a baronetcy. Dr. Stokes is the acknowledged head of the profession in Ireland. His year of Presidency of the British Medical Association was marked by great public and professional services. His recent services to the State on the Royal Sanitary Commission have worthily crowned a career of unusual distinction.

## The Cholera.

CONSTANTINOPLE, June 13.—The cholera has appeared in the southern part of Russia, and all vessels arriving here from Russian ports in the Black Sea are placed in quarantine.

Dr. Joseph Lemley, Secretary of the Senate of Mississippi, died at Jackson, on Thursday night, June 6, from an overdose of morphine, administered by himself.

The Senate has confirmed Medical Director James C. Palmer to be Chief of the Navy Bureau of Medical Surgeons.

The habit of eating arsenic to beautify the complexion is said to be largely on the increase among both sexes in New York.

Ice factories are multiplying in the South. Most of the machines used are a French invention.

Among the latest reforms spoken of is that of a reformation of botanical names.

## MARRIAGES.

AYERILL-KNIGHT.—In New York, June 17th, in the First Baptist Church, by Rev. T. D. Anderson, D. D., Walter I. Ayerill and Miss Cornelia A., only daughter of James Knight, M. D., both of this city.

DANA-PAWLING.—At the residence of J. H. Osborne, Esq., near Morrisville, Pa., June 13th, 1872, by the Rev. C. W. Knuuff, assisted by the Rev. Robert S. Manning, Robert S. Dana, M. D., and Miss Fanny J. Pawling.

FOSTER-EDWARDS.—June 19, at the old homestead, in Hunter, Green County, N. Y., by Rev. George A. Howard, D. D., of Catskill, Henry Foster, M. D., of Clifton Springs, and Mary E., daughter of William W. Edwards, Esq., of Brooklyn, N. Y.

JAMES-THOMPSON.—In the Second Presbyterian Church, Rahway, N. J., June 18, by Rev. J. A. Hight, assisted by Rev. David M. James, of Bath, Pa., and Rev. C. H. Edgar, D. D., of Easton, Pa. Hiram H. James, M. D., and Fannie B., daughter of the late Jonathan Thompson, both of Rahway, New Jersey.

MEADHAM-STONE.—In Brattleboro, Vermont, June 6 h., by William S. Newton, Esq., Dr. Hiram A. Meacham, of Orange, Mass., and Mrs. Adelaide Stone, of Barre, Mass.

MORSICK-WASHBURN.—May 30, 1872, at the residence of the bride's parent, Rev. Jacob Washburn, at Piersantville, Westchester County, N. Y., by the bride's father, assisted by Rev. G. Haviland, George Morsick, M. D., of Nyack-on-the-Hudson, and Miss Julia Washburn.

SIMPSON-JAMES.—June 11, by Rev. Emory Buhrman, Dr. T. W. Simpson, of Liberty, Frederick County, Md., and Miss Jennie James, of Frederick County, Md., formerly of Loudon County, Va.

SMITH-LOVELL.—In Alstead, Vermont, June 12, by Rev. W. B. T. Smith, Sumner T. Smith, M. D., of Claremont, and Ellen M., daughter of Bolivar Lovell, of Alstead.

THOMAS-CLARK.—In Hancock, Vermont, June 10th, by Rev. George S. Guernsey, Dr. George E. Thomas, of Starksboro, and Miss Harriet A. Clark, of Hancock.

## DEATHS.

MARTIN.—In St. Charles, Missouri, on May 11th, James Mitchell Martin, M. D., in the 67th year of his age.

STRAWN.—In Philadelphia, on the 17th instant, Ella S., wife of Dr. Joseph Strawn, and daughter of the late William R. Paul.



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